

DOH Finance Update

August 2015



Rate Timeline Update

August 2015

Mainstream Managed Care Rate Status & Timeline

Rate Package	Comment/Projected Completion
HARP Rates	Plan Report 6/8/15 Webinar 6/18/15 CMS Submission 7/8/15
Essential Plan(BHP) Rates	Final Draft Rates – 8/5/15
April 2015 Rates (incl. NYC NH Transition)	Plan Report 6/26/15 Webinar 7/10/15 CMS Submission August 2015
Mainstream BHO Carve-In Rates (incl. ROS NH Transition)	Plan Supplemental Report 8/31/15 Webinar Week of September 7th CMS Submission 9/28/15



Managed Long Term Care Rate Status & Timeline

Rate Package / Item	Status Update	
QIVAPP Reconciliation	August 2015	
April 2014 Quality Pool Awards and April 2014 High Cost/High Need Risk Pool Rates	Pending CMS/DOB approval	
April 2015 Risk Rates (NH blend) Phase I	Actuarial Report – Sent July 10th	
April 2015 Risk Rates (NH blend) Phase II	August/September 2015	
January 2012 and 2013 MA and MAP Rates	Pending CMS/DOB approval	
January 2014 and 2015 MA and MAP Rates	August/September 2015	
April 2015 PACE Rates	August 2015	
2013 HRR	Pending CMS/DOB approval	
2014 HRR	August 2015	





Value Based Payment: Quality Improvement Program

(VBP QIP)

August 2015

August 2015

VBP QIP

Purpose, Roles & Responsibilities

 Funds have been allocated to support the transition of certain struggling facilities to VBP; this is an alternative to the State-administered VAPAP program



- VAPAP & VBP-QIP are mutually exclusive programs post-September 2015
- Most facilities will participate in an MCO-administered VBP QIP program; a separate program has been created for HHC's VBP transition
 - Chair VBP QIP Oversight Committee established regionally, includes MCOs and PPSs
 - Develop initial regional VBP-QIP transformation plan template in accordance with DOH-provided criteria. This plan will be submitted to DOH
 - Monitor status of VBP readiness and update regional VBP-QIP plan as required. MCO to indicate cadence and parameters for updates
 - Coordinate development of facility specific VBP-QIP transformation plan templates. Committee should produce a set of parameters for the development of facility specific plans.
 - Measurement of facility progress against plans and update as required. Committee charter should indicate cadence and parameters for progress reporting and updates
 - Develop funds flow mechanism to distribute VBP-QIP funds to the facilities
 - Approve facility plans
 - Report back to DOH on funds distribution
 - Develop contract with PPS

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August 2015

VBP QIP

Roles & Responsibilities (cont'd)

PPS Role	 Participate in VBP Quality Improvement Program committee (formed by MCO) Approve that the Plans are consistent with approved DSRIP initiatives Develop contract with MCO
Facility Role	 Adhere to plan submitted to MCO, including any application and reporting requirements Become financially sustainable by transitioning to VBP Develop contact between PPS and MCO Develop contract with PPS
DOH Role	 Provide MCOs with criteria for funds distribution and program administration that aligns with NYS VBP Roadmap Fund program through MCO Quality Incentive Pool rate increase

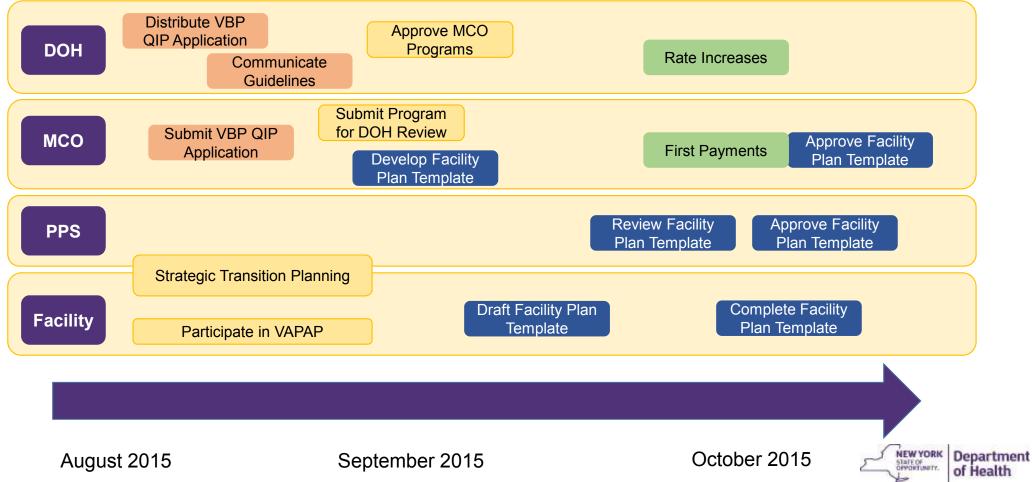


VBP QIP Timeline

VBPQIP Proposed milestones timeline:	Due date
DOH to distribute Participation Applications to MCOs	08/13/15
MCOs to return completing Participation Application to DOH	08/21/15
MCOs to submit transformation programs for DOH review	September 2015
DOH to approve MCO transformation programs	September 2015
MCOs to provide transformation plan templates to facilities & PPSs	September 2015
Facility Transformation Plan Template drafts due to MCOs	September 2015
Final Facility Transformation Plans due to be submitted to MCOs	October 2015
First MCO Payments made to PPSs (ongoing)	October 2015
MCO Reporting to DOH	Quarterly



VBP QIP: Structure & Timeline



VBP QIP Managed Care Premium Methodology

- Align qualified facilities to a PPS and PPS to participating plan via attribution snapshot.
- Limit the number of facility to PPS and PPS to participating plan combinations in order to alleviate administrative complexities.
- Calculate the gross dollar target for each plan including surplus and applicable taxes.
- Calculate administrative adjustment add-on for participating plan.
- Using SFY15-16 projected enrollment, calculate the VBPQIP per member per month (PMPM) add-on for each participating plan. PMPM will be calculated on a statewide basis.
- Validate plan statewide VBPQIP PMPM add-on falls within reasonable range and meets CMS quality threshold requirements.
- Include the VBPQIP PMPM add-on on plan specific Schedule B as part of the overall Quality Incentive (QI) portion of the Mainstream Managed Care premium.
- Provide plan specific addendum schedule which will breakout the detailed components of the QI premium add-on.
- Provide plans with MMCOR and encounter reporting guidance.



Next Steps

Activity	Date
DOH to hold webinar on Equity Programs	Late August 2015
DOH to distribute VBP QIP Application & Indemnification Letter	8/13/15
DOH to provide further guidance on VBP QIP	Late August 2015

